

etc. This was the more noticeable from the fact that, on arrival home, almost every member of the crew suffered for a few days from nasal or pharyngeal catarrh.

The effect which Commander Peary attributes to the lasting cold is no doubt due to the absence of all bacterial influences, and the "fresh air treatment" which all Arctic explorers necessarily undergo. Witness also the immunity which Nansen and his comrades experienced while wintering in the Far North; but, indeed, this is a well-recognized fact with all who have been in the Arctic.

There, then, we have the chief conditions requisite for a sanatorium, and to a higher degree than can be obtained elsewhere: twenty-four hours' daily sunshine for at least four months every summer, perfectly pure air, and, of course, perfectly pure water. The rest is merely a question of finance.

I am perfectly certain that early cases of pulmonary phthisis would permanently benefit from a sojourn in such a climate, and I hope more will be heard of this matter.—I am, etc.,

Lochgelly, Fifeshire, O.t. 8th. D. ELLIOT DICKSON, M.B., C.M.

HEREDITY AND NASAL STENOSIS.

SIR,—The truth, I believe, lies midway between the extremes advocated in the very suggestive letters you have published. Dr. Sim Wallace is apparently under the influence of Weismann's biological teaching as to the "non-heredity of acquired characters"—a formula which, as I understand it, is too universal in its extension. Granted that non-essential mutilations such as docking of horses' tails, distorted feet of Chinese women, and the circumcised Hebrew prepuce, are not inherited, it does not follow that because the "molecular structure of the germ plasma is already determined within the embryo," that it cannot be modified by fundamental nutritional and respiratory processes and their variations in the parent organism during the sojourn of the germ plasma therein. It seems to me highly probable that impaired respiratory exchange in the parent is likely to lead to the acquisition of a habit of low respiratory need in the germ plasma, which it tends to carry over to the new individual—a true inheritance, and one likely to be accompanied by impaired nutrition and vitality, tendency to catarrh and rickets, and sluggish evolution. At all events, offspring tends to be very like its parents, and the way in which nasal stenosis and its physiognomy runs in families under favourable as well as unfavourable conditions of environment suggests that there are intrinsic hereditary tendencies which favour the action of the external forces which usually bring about nasal stenosis and its resultant deformities.

Dr. MacIlwaine appears disposed to make the hereditary factor in any given family or case a contraindication for any radical or vigorous measures in rectifying an actually existing stenosis. Holding the views which I have been driven to as to the grave significance of nasal stenosis to the individual and to the race, I should deprecate such abstinence as pessimistic and failing in our duty. Rather would I support Dr. Sim Wallace in recommending not only "the investigation of tangible and preventable causes," but more than that—their rectification or removal by all the resources of our art.—I am, etc.,

Welbeck Street, W., Oct. 22nd.

SCANES SPICER.

MEDICINE AND MATRIMONY.

SIR,—In a recent article bearing this title you advocate the instruction of the public by the medical profession as to the dangers of "unwholesome" marriages. Among such marriages I presume you would include those in which the husband is sterile; and it seems desirable that the profession should make it more widely known that, although a man's power of performing the sexual act may be apparently perfect in every way, he may yet be incapable of begetting children. And, further, that it is usually quite possible for a man to ascertain with reasonable certainty before he marries whether he is fertile or not.

Doubt and anxiety respecting the copulative power are common among men; but any doubt or anxiety respecting the procreative power seems to be comparatively rare. Indeed, when one is consulted in such cases, it is often only after a considerable period of connubial disappointment, and

perhaps after long-continued, and of course futile, treatment of some supposed disability on the part of the wife.

The extent to which male sterility is influencing the declining birth-rate is at present unknown. But what is known suggests that it might be wise to look upon any man who has suffered from disease or injury of the generative organs—even though apparently one-sided and trivial—as possibly sterile until some evidence of fertility has been obtained.—I am, etc.,

Old Burlington Street, W., Oct. 10th.

ARTHUR COOPER.

SURGICAL IMPATIENCE.

SIR,—The correspondence under the above heading, having luckily attracted the attention of the lay press, is being freely quoted by the general public. The sting of the criticism lies in its truth, when applied to the operator, as distinguished from the surgeon. The operator may be defined as a man who has learnt to use his hands, the surgeon as a man who has learnt to use first his head and secondly, but only if so directed by his head, his hands.

With a certain class of medical man, the fact of a patient being admitted to a surgical ward or of a patient consulting an operator appears to be sufficient excuse for performing an operation. Another equally feeble excuse for operating is the wish of the patient to have an operation performed.

To argue that an overwhelming percentage, say 90 per cent., of surgical cases are likely to derive benefit from an operation is about as rational as to imagine that 90 per cent. of medical cases are likely to be improved by drugs. The difference being that the operation is rarely as harmless as the drug. The operator is often quite capable of performing an operation beautifully, but is quite unable, chiefly because he never reasons the matter out, to see when an operation is unnecessary or even harmful.

Students are freely taught how and when to operate, but very seldom when to refrain from operating. The general public can hardly be expected to distinguish the operator from the surgeon, the duty of seeing that their patients do not fall into the hands of the mere operator lies with the large and increasing body of practitioners who recognize the fact that clever operating, which in its right place is admirable, is by no means invariably synonymous with sound surgery.—I am, etc.,

Plymouth, Oct. 14th.

C. HAMILTON WHITEFORD.

THE MEDICAL DEFENCE UNION.

SIR,—Will you allow me to notify to your readers through your columns that the Council of the Medical Defence Union have decided to impose an entrance fee of 10s. (ten shillings) upon all candidates elected to the membership of the Union on and after January 1st, 1903? Members elected between this date and December next will not be required to pay an entrance fee. The success of the Union has been so great as to render it desirable to make a higher charge to those joining on and after the date mentioned above. The annual subscription will remain as before—namely, 10s.—I am, etc.,

A. GEORGE BATEMAN,

4, Trafalgar Square, W.C., Oct. 21st.

General Secretary.

"STUDIES OF THE DIET OF THE LABOURING CLASSES": CORRECTIONS.

SIR,—It has been pointed out to us that in our "Study of the Diet of the Labouring Classes in Edinburgh," published in 1901 by Otto, Schultze, and Co., we have erroneously transcribed from Atwater and Bryant's *American Food Stuffs* the percentage of carbohydrate in flour. This, which should have been 75.1, we have given as 57.1, and this factor has been used throughout the studies. We have, however, recalculated our various tables with the corrected figure and we find that it affects only six of our sixteen studies (in the others flour as such was not purchased) and that these six studies are affected to an extent so trivial as in no way to modify our conclusions.

In the table giving the dietaries of families with small but regular incomes, p. 59, the average carbohydrates used should read 481.93 grams instead of 480.30, and the energy value in calories is 3,140 instead of 3,133. The average diet of families with small irregular incomes (p. 60) is not modified, and the typical labourer's family diet should read carbo-